MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11102

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worcester
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Conv. Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Grace	(Last) Aldrich	4. DATE OF DEATH	(Month) Nov.	(Day) 19	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 8-4-1862	9. AGE last birthday 87 yrs.	If under 1 year Months 3	Days 15	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Worcester, Mass.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Benjamin F. Walker	14. MOTHER'S MAIDEN NAME Ursula Smith						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. NONE	17. INFORMANT AND ADDRESS Williard Aldrich					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Glomerular Nephritis	3 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

592

131 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov 24, 1947, to Nov. 19, 1949, that I last saw the deceased alive on Nov 2, 1949, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		148 W. Wash St. Hagerstown Md.	11-19-49.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE 11-21-49	NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. Nov. 19. 1949	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 22 1949
BUREAU V. S.

Dr. Pruitt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11103

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville - Rural. — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Knoxville R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville - Rural
STREET ADDRESS (If rural, give location) Knoxville R. 1.

3. NAME OF DECEASED (Type or Print): (First) Bessie — (Middle) Mae — (Last) Barger.

4. DATE OF DEATH: (Month) Novemb - (Day) 18 - (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct. 15-1886	63-1-3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Brownsville Wash. Co. Md.	U.S.A.

13. FATHER'S NAME Benjamin Moss

14. MOTHER'S MAIDEN NAME Susan Holmes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No. —	None	Theodore Barger. Knoxville Md. R. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	1 wk
171 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48a	(b) Carcinoma - ovary	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1949, to Nov. 18, 1949, that I last saw the deceased alive on Nov. 18, 1949, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE W. E. Pruitt — (Degree or title) MD — ADDRESS Brunswick Md — DATE SIGNED 11-19-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 21. 1949	Knoxville Cemetery	Knoxville Frd. Co. md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/21/49	Cornelius H. Castle Deputy	Wm. J. Best & Sons	Boonsboro Md.

NOV 23 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11104

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg #2
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg Md #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Louise (Last) Barkdoll

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1949

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: July 7 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Iron Springs, Adams Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. F. Sanders

14. MOTHER'S MAIDEN NAME: Catherine Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Guy Hacktell, Smithsburg #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of liver and stomach. — Interval between onset and death: 6 mos.

151 Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug - 10 - 1949, to Nov - 14, 1949, that I last saw the deceased alive on Nov - 14, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallis H Weckerd M.D. 15-2 Wmain Waynesboro Pa 11-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/17/49 — NAME OF CEMETERY OR CREMATORY: Buena Hill — LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG. Nov 15-49 — REGISTRAR'S SIGNATURE: Geo H Ferguson

24. FUNERAL DIRECTOR ADDRESS: Walter J. Grove Waynesboro Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11105

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 439 RIDGE AVE.

3. NAME OF DECEASED (Type or Print): (First) RONALD (Middle) FREDERICK (Last) BENCHOFF

4. DATE OF DEATH: (Month) NOV. (Day) 21 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10/30/49

9. AGE last birthday yrs. If under 1 year: Months. Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HAROLD R. BENCHOFF

14. MOTHER'S MAIDEN NAME: EVELYN DITMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: HAROLD R. BENCHOFF

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 22 days

726 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1949 to Nov 21, 1949, that I last saw the deceased alive on Nov 21, 1949, and that death occurred at 7:58 A m., from the causes and on the date stated above.

SIGNATURE W. D. Laymon, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED Nov 21, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 11/22/49 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Nov. 21, 1949 — REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR W. J. Norment, ADDRESS Hagerstown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 22 1949
PENTAGON V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11106

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (In this place): 55 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	STREET ADDRESS (If rural, give location): Hotel Dagmar

3. NAME OF DECEASED (Type or Print)	(First) F.	(Middle) Wilbur	(Last) Bridges	4. DATE OF DEATH	(Month) Nov. (Day) 26 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 7-31-1879	9. AGE last birthday: 70 yrs.	If under 1 year: Months 3, Days 26; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lawyer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Hancock, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Robert Bridges			14. MOTHER'S MAIDEN NAME: Priscillia Breathed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE		17. INFORMANT AND ADDRESS: Mrs. Elizabeth Ferguson		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
490 Immediate cause	(a) Lobar Pneumonia	10 days.
Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerotic Heart Disease with Cardiac failure (7 days)	Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1949, to Nov. 26, 1949, that I last saw the deceased alive on Nov. 23, 1949, and that death occurred at 9.07 a.m. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		148 W. West St. Hagerstown Md.	11-26-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-28-1949	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 27, 1949	Chas H Bowers	C.M. Suter & Sons, Hagerstown, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

97

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11107

CERTIFICATE OF DEATH

Reg. Dist. No. 503

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL-Clearspring
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Clearspring RFD# 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL*Clearspring
STREET ADDRESS (If rural, give location): Blair's Valley

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Erdie (Last) Carbaugh

4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb.12,1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 9 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Blair's Valley, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Clopper

14. MOTHER'S MAIDEN NAME: Sarah Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Pearl L. Sword

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Chronic Myocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 14 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1940, to Nov 28 49, that I last saw the deceased alive on Nov 28, 49, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. H. Beachy M.D. ADDRESS: Hagerstown DATE SIGNED: Dec 1/30/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Dec.1,1949

NAME OF CEMETERY OR CREMATORY: Blair's Valley Cemetery

LOCATION (City, town, or county) (State): Near Clearspring, Maryland

DATE REC'D BY LOCAL REG.: Dec 1/49

REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR ADDRESS: Edith V. Leaf; Williamsport, Maryland

VS. A15

RECEIVED
DEC 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11108

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Fulton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Amaranth
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Carson

4. DATE OF DEATH (Month) Nov. (Day) 17, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-1-70
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Carson
14. MOTHER'S MAIDEN NAME Sarah Hoopengardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Cordelia S. Carson - widow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

198 Immediate cause (a) Tumor in lower abdomen

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) suspected malignant, retro peritoneal cachexia

46h (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1949, to Nov 17, 1949, that I last saw the deceased alive on Nov 17, 1949, and that death occurred at 3:37 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr L H Brunebeck ADDRESS Hagerstown, Md DATE SIGNED 11/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-20-49
NAME OF CEMETERY OR CREMATORY Church of the Brethren
LOCATION (City, town, or county) Amaranth (State) Penna.

DATE REC'D BY LOCAL REG. Nov. 19. 1949
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Charles R. Bast, Hancock, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11109

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 12 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural, give location): 67 Madison Ave.,

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) John (Last) Cassidy, Jr.

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 24. 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 12 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Luther J. Cassidy

14. MOTHER'S MAIDEN NAME: Dorothy Zelda Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
   (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Luther J. Cassidy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
764.5 Immediate cause	(a) Acidosis - Dehydration	5 days
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastro-enteritis	7 days
	(c) Prematurity	11 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1949, to Nov. 5, 1949, that I last saw the deceased alive on Nov 5, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 214 N. Potomac St. DATE SIGNED: 11/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 7. 1949
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Nov. 7. 1949
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

VS. A15

RECEIVED
NOV 10 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11110

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1099 Virginia Ave.,

3. NAME OF DECEASED (Type or Print) (First) Willard (Middle) Wayne (Last) Conley

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct.21,1948
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Willard Conley
14. MOTHER'S MAIDEN NAME Mary E. Sixeas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Willard Conley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0 Immediate cause (a) Sub-dural hemorrhage(delayed)

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hagers (COUNTY) Wash (STATE)
TIME OF INJURY (Month) Nov. (Day) 8 (Year) '49 (Hour) 10.30 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell out of bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mills MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 11 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov.11, 1949
NAME OF CEMETERY OR CREMATORY Rest Haven Cmetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 11, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11111

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Home	STREET ADDRESS (If rural, give location) 1163 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Elizabeth	(Last) Dannenfelser	4. DATE OF DEATH	(Month) Nov. 25	(Day)	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 11-20-1867	9. AGE last birthday 82 yrs.	If under 1 year Months 0	Days 0	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore County	12. CITIZEN OF WHAT COUNTRY U.S.A.				
13. FATHER'S NAME Christian Sittig	14. MOTHER'S MAIDEN NAME Dorthea Damfordt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. NONE	17. INFORMANT AND ADDRESS Edward Chapman					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerosis (?) 10 years

Antecedent cause(s) (?) Chronic Endocarditis - " "

421.4 92d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Mental Impairment ("Melancholia")

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) 0	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ 0	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 11/25, 1949, that I last saw the deceased alive on 11/25, 1949, and that death occurred at 3-P. m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER 131 W. WASHINGTON ADDRESS DR. VICTOR D. MILLER 131 W. WASHINGTON HAGERSTOWN DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 11-26-49	NAME OF CEMETERY OR CREMATORY St. Michael Luth. Cem.	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 11-26-1949	REGISTRAR'S SIGNATURE Roger M. Fockler Dept Locals	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

11112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1, Knoxville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook
STREET ADDRESS (If rural, give location) R.F.D.#1, Knoxville, Md.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Samuel (Last) Deaner

4. DATE OF DEATH (Month) Nov. (Day) 15, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 6/29/ 1873
9. AGE last birthday 76 yrs. If under 1 year Months 4 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY B.&O. R.R.
11. BIRTHPLACE (State or foreign country) Brownsville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Hilliary Deaner
14. MOTHER'S MAIDEN NAME Susan Rebecca Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ethel Harrison Box 147, R.F.D#1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) throm	
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from no attendance, 19....., to ....., 19....., that I last saw the deceased after death ~~alive~~ on ....., 19....., and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE Donald K. McIntyre (Degree or title) MD ADDRESS Bolivar, W. Va DATE SIGNED 15 Nov 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/18/49
NAME OF CEMETERY OR CREMATORY Brownsville Cemetery
LOCATION (City, town, or county) (State) Brownsville, Md.

DATE REC'D BY LOCAL REG. 11/16/49
REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy
24. FUNERAL DIRECTOR Melvin T. Strider ADDRESS Charles Town West Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1949
U.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dropped dead in A&P store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 6 S. Cannon Ave

3. NAME OF DECEASED (Type or Print) (First) Lola (Middle) Florence (Last) Dietrich

4. DATE OF DEATH (Month) November (Day) 26 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH February 10 1892
9. AGE last birthday 57-9-16 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clagget Bowers
14. MOTHER'S MAIDEN NAME Sarah Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS A.S. Dietrich 6 S. Cannon Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arterio-sclerotic coronary heart disease 24 yrs

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept/ 1947, to Nov 22 1949, that I last saw the deceased alive on Nov/21, 1949, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED Nov. 28. 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial Nov. 30. 1949
DATE Nov. 30. 1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REG. Nov. 28. 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

11114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
STREET ADDRESS (If rural, give location) Boonsboro R. 2.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Eugene (Last) Fink
4. DATE OF DEATH (Month) Nov. (Day) 13. (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 29. 1949
9. AGE last birthday 2mo-14da
If under 1 year: Months 2, Days 14
If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wash. Co. Hospital Hagerstown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Fink
14. MOTHER'S MAIDEN NAME Luella Shoemaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Miss Luella Shoemaker Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

Antecedent cause(s)

772.0 158 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Nov. 13, 1949, that I last saw the deceased alive on Nov. 12, 1949, and that death occurred at 3.40 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 11/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Nov. 15. 194
DATE Nov. 15. 1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.
DATE REC'D BY LOCAL REG. Nov. 14. 1949
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

Rec'd from John H. Bart, Loc. Reg. 11-16-1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

RECEIVED
NOV 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11115

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (In this place) 40 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 703 Forrest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 703 Forrest Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	SHERMAN	FOLTZ	Nov.	25	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	12/31/65	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad	Retired	Mapleville	USA

13. FATHER'S NAME: Rev. Samuel M. Foltz

14. MOTHER'S MAIDEN NAME: Ann Shiffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	220-09-7193	Joseph S. Foltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocarditis Chr.	6 mos.
(c)		

420.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/14, 1949, to 11/25, 1949, that I last saw the deceased alive on 11/23, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. L. Porterfield M.D.		136 W Washington St	11/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/27/49	Dunkard Cemetery	Hagerstown R#2	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 27 1949	Blair H. Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11116

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonesboro | LENGTH OF STAY (in this place) 62 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonesboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) R. (Last) Forrest
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 19 49

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 26, 1860 | 9. AGE last birthday 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Philip Baker | 14. MOTHER'S MAIDEN NAME Frances Hartung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ------ | 17. INFORMANT Mrs. Gertie Scuffins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of L[illegible] side of face — 8 months

191 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 53 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Nov. 25, 1949, that I last saw the deceased alive on Nov. 24, 1949, and that death occurred at 5:10a m., from the causes and on the date stated above.

SIGNATURE G W Lilly (Degree or title) M D ADDRESS Boonsboro DATE SIGNED 11/26/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 27, 1949 | NAME OF CEMETERY OR CREMATORY Luthern Cemetery | LOCATION (City, town, or county) Bever Creek (State) Md.

DATE REC'D BY LOCAL REG. 11-26-1949 | REGISTRAR'S SIGNATURE John H. Bast | 24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hagerstown

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11117

Reg. Dist. No. 300

1. PLACE OF DEATH· COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sharpsburg LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sharpsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Abram	(Middle) Reynolds	(Last) French	4. DATE OF DEATH	(Month) Nov.	(Day) 13	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: July 26,1887	9. AGE last birthday: 62 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Dayton--Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 218-01-1170	17. INFORMANT: Mrs. Mary C. French					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocardial degeneration ⊖ grade	4. 1 Yr plus.
4222 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Post mortem only, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter H. Shea	M.D.	Sharpsburg, Md.	

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov.16,1949	NAME OF CEMETERY OR CREMATORY: Brownsville	LOCATION (City, town, or county) (State): Brownsville, Md
DATE REC'D BY LOCAL REG.: Nov. 14 1949	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: R. I. Earnshaw	ADDRESS: Keedysville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11118

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 Linganore Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 419 Linganore Ave.,

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) M. (Last) French

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 22, 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Everhart

14. MOTHER'S MAIDEN NAME: Elizabeth Fry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Beulah Lizer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of hip — Interval between onset and death: 1 mo

902.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

186a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arterio sclerotic Cardio Vascular Disease — 15 yr +

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN): Hagerstown (COUNTY): Wash (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 10 1949 7 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Slipped off a davenport in her living room

22. I hereby certify that I attended the deceased from 28 Oct, 1949, to 7 Nv, 1949, that I last saw the deceased alive on 5 Nv, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE F F Busby (Degree or title) ADDRESS 230 N Potomac Hagerstown DATE SIGNED 7 Nv

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: November 9 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Nov. 7 1949 — REGISTRAR'S SIGNATURE: Chas. A Bowers Jr.

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

RECEIVED
NOV 10 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11119

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Antietam Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg; STREET ADDRESS (If rural, give location) Antietam Street

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) May (Last) Gray

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 4, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 8, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Eliza Coffee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Harriet Callaman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of uterus. — Interval between onset and death: 2 yrs.

174 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

480 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1949, to Nov. 22, 1949, that I last saw the deceased alive on Nov. 20, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE: W W Selby (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 11/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 11/25/49; NAME OF CEMETERY OR CREMATORY: Tolson Cemetery; LOCATION (City, town, or county) (State): Sharpsburg, Maryland

DATE REC'D BY LOCAL REG. 11-25-49; REGISTRAR'S SIGNATURE: Ella. Boyer

24. FUNERAL DIRECTOR: Edith V. Leaf ; ADDRESS: Williamsport, Md.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11120

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W (Last) Griffin

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Febr. 26, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Edward Griffin

14. MOTHER'S MAIDEN NAME: Rose Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the liver — Interval Between Onset and Death: 7 months

156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46f (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emaciation — 7 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Nov. 2, 1949, that I last saw the deceased alive on Nov. 2, 1949, and that death occurred at 10 05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas M.D. Ritchie Hospital Cascade Md. Nov. 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 11-3-49 | NAME OF CEMETERY OR CREMATORY: Salisbury | LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: 11/3/49 | REGISTRAR'S SIGNATURE: John A Cochran Dep. Local Registrar | 24. FUNERAL DIRECTOR ADDRESS: W. F. Creager & Son Thurmont, Md

VS-A15

11121

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Beachley Furniture Factory 227 N. Prospect St	STREET ADDRESS (If rural, give location): 123 West Washington Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eugene	M.	Handley		11	30	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	Feb. 25, 1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	Furniture Fact.	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
P. C. Handley	Minnie Fouche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	214-09-6715	Roy Fouche

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial hypertrophy

434.3 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93 2 (b) Infarction of brain

(c) Acute dilitation of heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	------	Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ------ m.	INJURY OCCURRED While at work ☑ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☑, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac St. Hagerstown, Md.	12/1/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1949	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 1, 1949	Chas. H. Howard	Fred W. Kraiss,	Hagerstown, Md.

VS. A15A

RECEIVED
DEC 3 1949
BUREAU T. S.

Evidence for change of age shown on:

FILM No. G 122 NOV 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11122

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Penna. COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown RD#5 — LENGTH OF STAY (in this place): 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fayettesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Brook Lane Hospital	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Milton B. Hartzell	4. DATE OF DEATH (Month) (Day) (Year): Nov. 9 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	June 12, 1889	60 ~~61~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): construction engr.	10b. KIND OF BUSINESS OR INDUSTRY: HighwayDept	11. BIRTHPLACE (State or foreign country): Fayettesville, Pa	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles A. Hartzell	14. MOTHER'S MAIDEN NAME: Ida M. Brindle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT: Brook Lane Hospital	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
352 Immediate cause	(a) Gangrene rt leg.	3 days
Antecedent cause(s) 83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia rt.	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Nov, 19....., to 9 Nov, 1949, that I last saw the deceased alive on 9 Nov, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E H Woollard	MD	Hagerstown	11/13/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 13, 1949	Lincoln Cemetery	Chambersburg	Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 10, 1949	Chas H Bowers	Scott F. Minnich & Son	Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11123

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Thurmont
STREET ADDRESS (If rural give location): Garfield

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) N.M.N. (Last) Hays

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-15-1910

9. AGE last birthday: 39 yrs. If under 1 year: Months 2 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brass foundry

10b. KIND OF BUSINESS OR INDUSTRY: Brass foundry

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown William Hayes

14. MOTHER'S MAIDEN NAME: unknown. Alma Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): NA

16. SOCIAL SECURITY NO.: 215-12-9141

17. INFORMANT: Mrs Fred Hayes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

452 Immediate cause (a) Cerebral haemorrhage.

Antecedent cause(s)

96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aneurism of anterior cerebral artery

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1949, to Nov. 10, 1949, that I last saw the deceased alive on 11-10, 1949, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE: Suchen Wang (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 11/11/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE: Nov-13-1949
NAME OF CEMETERY OR CREMATORY: Garfield U.B
LOCATION (City, town, or county) (State): Garfield-Fred Co. Md

DATE REC'D BY LOCAL REG.: Nov. 11, 1949
REGISTRAR'S SIGNATURE: Chas. H. Boerner

24. FUNERAL DIRECTOR: M. L. Creager
ADDRESS: R2 or Thurmont Md

VS. A15

RECEIVED
OCT 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11124

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 21 So Potomac St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Emory (Last) Higman

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1/31/1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sexton

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Bakersville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George William Higman

14. MOTHER'S MAIDEN NAME: Nanie V. Knode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-2090

17. INFORMANT AND ADDRESS: Mrs. Jessie M. Higman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion with Ant. Myocardial Infarction	17 days
420.1 Antecedent cause(s) 940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	Several yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1949, to Nov. 29, 1949, that I last saw the deceased alive on Nov. 25th, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE: Wilbur T. Norment (Degree or title) MD ADDRESS 159 W. Washington St. DATE SIGNED 11/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/2/49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Dec. 30, 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: W.T. Norment ADDRESS: Hagerstown, Md.

159 W. Wash.

RECEIVED
DEC 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11125

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2451 Virginia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 2451 Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Christian (Last) Hile, Jr.
4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-12-1916
9. AGE last birthday 33 yrs. If under 1 year Months 3 Days 13 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Dept.
10b. KIND OF BUSINESS OR INDUSTRY Fairchild Arcft.
11. BIRTHPLACE (State or foreign country) Pleasant Unity, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles C. Hile, Sr.
14. MOTHER'S MAIDEN NAME Adah L. Stockberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 159-16-0026
17. INFORMANT Charles C. Hile, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute chloral hydrate poisoning.

874.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

179X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID ~~INJURY~~ OCCUR? Involuntary suicide Took overdose chloral hydrate 360 grs.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 11/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 11-27-1949
NAME OF CEMETERY OR CREMATORY St. Paul Evangelical
LOCATION (City, town, or county) (State) Pleasant Unity, Pa.
DATE REC'D BY LOCAL REG. Nov. 27, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11126

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook (Rural); LENGTH OF STAY (in this place) 4 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1, Knoxville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Sandy Hook; STREET ADDRESS (If rural, give location) R.F.D.#1, Knoxville, Md.

3. NAME OF DECEASED (Type or Print): (First) Mazie (Middle) Catherine (Last) Hoffman

4. DATE OF DEATH: (Month) Nov. (Day) 6, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18, 1899

9. AGE last birthday: 50 yrs. If under 1 year: Months 3 Days 19; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Creagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Irving Lewis Ashbaugh

14. MOTHER'S MAIDEN NAME: Rosa May Anders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Charles Grant Hoffman, Box 118-A, R.F.D.#1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) hypertensive heart disease, decompensated

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Aug, 1949, to 6 Nov, 1949, that I last saw the deceased alive on 29 Oct, 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE: Donald K. McClure | (Degree or title) MD | ADDRESS: Bolivar, W.Va | DATE SIGNED: 6 Nov 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/9/49 | NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery | LOCATION (City, town, or county) (State): Loudoun County, Va.

DATE REC'D BY LOCAL REG. 11/8/49 | REGISTRAR'S SIGNATURE: Cornelius H. Beatle, Deputy | 24. FUNERAL DIRECTOR: Melvin T. Stinger | ADDRESS: Charles Town, W.Va

VS. A15

RECEIVED
NOV 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11127

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 33yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 905 Oak Hill Avenue

3. NAME OF DECEASED (Type or Print): (First) Elva; (Middle) Spamer; (Last) Hook
4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 19 49
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-30-1884
9. AGE last birthday: 65 yrs. If under 1 year: Months. 4 Days 9 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Arthur L. Spamer
14. MOTHER'S MAIDEN NAME: Ella Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Edwin C. Hook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Myocardial Infarction — Interval Between Onset and Death: 2wks

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion — 2wks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-46, 19....., to 11/9/49, 19....., that I last saw the deceased alive on 11/8/49, 19....., and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl Young MD Hagerstown, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 11-11-49
NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Nov. 10 1949
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

VS. A15

RECEIVED
NOV 14 1949
BUREAU V. S.

11128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY in this place: 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown RT 3

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) B. (Last) Jacobs
4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 30, 1880
9. AGE last birthday: 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Organ
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rhodnus H. Jacobs
14. MOTHER'S MAIDEN NAME: Margaret Slick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-3267
17. INFORMANT: Mrs. Benjamin F. Moss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

560.0 **Immediate cause** (a) Coronary thrombosis — 15 minutes

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asteriosclerosis — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 29. 1949
19b. MAJOR FINDINGS OF OPERATION: Repair of large inguinal Hernia
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1949, to Nov. 7, 1949, that I last saw the deceased alive on Nov. 7, 1949, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. A. Lee M.D. Hagerstown Md. Nov. 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 10, 1949
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Nov. 9. 1949
REGISTRAR'S SIGNATURE: Chas. H. Howard
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

NOV 11 1969
BUREAU V. S.

11129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 401 S. Potomac St

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Alice (Last) Jones

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 4-3-1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Calvin A. Gross
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT J. Edward Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332 Immediate cause	(a) Cerebral thrombosis	1 month
95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis severe, Cardiac decompensation mild — 10 yrs. 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to 17 Nov, 1949, that I last saw the deceased alive on 16 Nov, 1949, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE Edward H Vaughn (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 11/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-19-49
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. Nov. 18. 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Conococheague
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural-off Western Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Conococheague
STREET ADDRESS (If rural give location) Rural-off Western Pike

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) F. (Last) Kalbflesh
4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan.20,1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Rail Road
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frederick Kalbflesh
14. MOTHER'S MAIDEN NAME Mary Shipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 705-10-4696
17. INFORMANT Aletha Kalbflesh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-35, 19....., to 11/24/49, 19....., that I last saw the deceased alive on 11.20.49, 19....., and that death occurred at 11.15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Young MD ADDRESS Hagerstown, Md DATE SIGNED 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov.27,1949
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Nov 27-49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11131

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 11 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Ridge Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 315 Ridge Ave.,

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Cleveland (Last) Kendall

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24, 1884

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Kendall

14. MOTHER'S MAIDEN NAME: Isabelle Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705/10/4599

17. INFORMANT: Sarah J. Kendall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163

Immediate cause (a) Cancer Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 9 Mo.

47d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/23/49

19b. MAJOR FINDINGS OF OPERATION: Inoperable Cancer Rt. Upper Lobe of Lung

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/49, 19....., to 11/6/49, 19....., that I last saw the deceased alive on 11/6/49, 19....., and that death occurred at 1:17 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. F. Young M.D. ADDRESS Williamsport Md. DATE SIGNED 11/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 10. 1949 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. 11.8.1949 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

VS. A15

RECEIVED
NOV 10 1949
BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

11132

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Smithsburg Md #2
LENGTH OF STAY (in this place): 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Smithsburg #2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Warren	Kettoman	Nov.	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	M.	Dec. 20 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Gettysburg Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Kettoman	Mary Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no			Mrs. Etta Kettoman Smithsburg #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 day
420.1 Antecedent cause(s)		
94 ev Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 11-14-49, 19..., to 11-14-49, 19..., that I last saw the deceased alive on 11-14-49, 19..., and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A W Lindeway	M.D.	Waynesboro Pa	11-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/17/49	Harbaughs	Waynesboro #4	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 15-49	Geo W Ferguson	Walter J Grove,	Waynesboro Pa,

VS. A15

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11133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (In this place) 44 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) 616 N. Mulberry

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) Blanche (Last) Kriner

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Maurice L. Garver

14. MOTHER'S MAIDEN NAME: Nannie J. Fahrney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Miss Jane Kriner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Pneumonia — Interval between onset and death: 1 Day

334 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from March, 1949 to Nov 10th 49, that I last saw the deceased alive on Nov 10th 49, and that death occurred at 9:25a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. N. Beasley M.D. ADDRESS Hagerstown DATE SIGNED Nov 11/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 12-49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Nov. 12, 1949

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Hag. Md.

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11134

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 28 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural, give location) 720 Guilford Avenue

3. NAME OF DECEASED (Type or Print)	(First) Helen	(Middle) Marie	(Last) Landing	4. DATE OF DEATH	(Month) Nov. (Day) 13 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6-24-1898	9. AGE last birthday 51 yrs.	If under 1 year Months 6 Days 3 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) South Seaville, N.J.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Andrew Fisher		14. MOTHER'S MAIDEN NAME Phoebe Wheaton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS Mr. Thomas Landing			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443

Immediate cause (a) 1) Hypertension cardiovascular disease

Antecedent cause(s) 2) E pulmonary oedema as ascites

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) oedema and ascites

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1) 13 years 2) 3 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1949, to Nov 13, 1949, that I last saw the deceased alive on Nov 13, 1949, and that death occurred at 9:20P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Layman, M.D. — ADDRESS Hagerstown, Md — DATE SIGNED Nov 14, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 11-15-49	NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	LOCATION (City, town, or county) (State) Suffolk, Virginia
DATE REC'D BY LOCAL REG. Nov. 14, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 16 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11135

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) S. (Last) Lane, Jr.

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: About 1878

9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bank Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles S. Lane

14. MOTHER'S MAIDEN NAME: Hattie McGill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. John Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

022 Immediate cause (a) Inanition — Interval between onset and death: 5 mo.

Antecedent cause(s)

30d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis - Generalized — yrs.

(c) Syphilitic aortitis with aneurysm — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28 1949, to Oct. 31 1949, that I last saw the deceased alive on Oct. 31, 1949, and that death occurred at 11:05A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Chas A. Hoffman M. D. 214 N. Potomac St. Hagerstown, Md. 11/3/49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE: 11-3-49 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Nov. 3, 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

VS-A15

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1949
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

pc 11136

Reg. Dist. No. 306

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 10 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital	STREET ADDRESS (If rural, give location) 2702 Woodview Road

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) —	(Last) Logan	4. DATE OF DEATH	(Month) Nov. (Day) 28 (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 3, 1874	9. AGE last birthday 75 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) White Stone Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.	16. SOCIAL SECURITY No. unk.	17. INFORMANT Hospital Record			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
026 Immediate cause	(a) Lobar Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) urinary infection. - Streptococcus fecalis Proteus	3 months
30 c	(c) Syphilis of Central nervous System	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Generalized arterio-sclerosis. c̄ Cardio-vascular Disease. Hypertension.	?

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 29, 1949, to Nov. 28, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 7:45 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai	M. D.	Ritchie Hospital, Cascade, Md.	Nov. 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-1-1949	Mt. Auburn Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 1-49	A. W. Hedrich	Mrs Katie R. Williams	Schroeder St 322 N

JS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12/14/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11137

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rural
STREET ADDRESS (If rural give location) Nursery Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Long

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 11, 1949

9. AGE last birthday: --- yrs. If under 1 year: Months 2 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles W. Long

14. MOTHER'S MAIDEN NAME: Vivian Hays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles W. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Pyloric Stenosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

756.0
157g

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/49, 19....., to 11/12/49, 19....., that I last saw the deceased alive on 11/12/49, 19....., and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Gauss M.D. Williamsport, Md 11/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 15-49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Nov. 15 1949 | REGISTRAR'S SIGNATURE: Elsie M. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

RECEIVED
OCT 17 1949
BUREAU V. S.

11138

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.	STREET ADDRESS (If rural give location) 105 High Street

3. NAME OF DECEASED (Type or Print) (First) Helen	(Middle) Baker	(Last) Loudenslager	4. DATE OF DEATH (Month) Nov.	(Day) 13	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 8, 1902	9. AGE last birthday 47 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Emp. Hosiery Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Elijah Baker		14. MOTHER'S MAIDEN NAME Fannie Eyler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-3607	17. INFORMANT John E. Loudenslager			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation of Heart — 20 minutes

434.3 Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from not attended, 19....., to 11/13, 1949, that I last saw the deceased alive on 11/13/, 1949, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry R Kutzer Md — ADDRESS 701 Oak Hill Ave Hagerstown Md — DATE SIGNED 11/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 16, 1949	NAME OF CEMETERY OR CREMATORY Rose Hill	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Nov. 16. 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11139

Reg. Dist. No. 304

1. PLACE OF DEATH · COUNTY Washington Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Berkeley Springs W Va COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berkeley Springs
STREET ADDRESS (If rural, give location) Wilkes

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Gertrude (Last) Lutman
4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1949

5. SEX Fema
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 3, 1908
9. AGE last birthday 41 yrs. If under 1 year Months 10 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hancock Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Hall
14. MOTHER'S MAIDEN NAME Conie Keifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Roy E Lutman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
171	Immediate cause	(a) Hemmorrhage	11/8 d
48a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervix with	11,30 p.m.
		(c) ~~Metastasis~~ mestastisis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3/49 to 11/9/49, that I last saw the deceased alive on 11/9/49, 19....., and that death occurred at 7.30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H E Fabler MD

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 11 49
NAME OF CEMETERY OR CREMATORY Greenway
LOCATION (City, town, or county) Berkeley Springs (State) W.Va.

DATE REC'D BY LOCAL REG. 11-9/49
REGISTRAR'S SIGNATURE J. A. Heller
24. FUNERAL DIRECTOR Charles R. Bast, ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

11141

1. PLACE OF DEATH:
County Washington
City or town Hancock
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Fulton
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Needmore
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME: Mary Margaret Mellott.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife: Ira E Mellott
6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): May 30 1889

8. AGE:

Years	Months	Days	If less than one day
60	5	17	hrs. min.

9. Birthplace: Harfordsburg Pa (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: —

FATHER
12. Name: Wilson Wigfield
13. Birthplace: Harfordsburg Pa

MOTHER
14. Maiden name: Mary Margaret Hiles
15. Birthplace: Harfordsburg Pa

16. Informant: Wilson Mellott
Address: Greencastle Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20 1949 (month) (day) (year)
Cemetery or crematory: Silling Baptist Cem.
Location: Siperstille Pa.

18. Funeral director: J. W. Snipes
Address: Harrisonville Pa

19. 11-19 1949 (Date rec'd by registrar) J. A. Heller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17-49 19..., at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on Nov 10 1949

Immediate cause of death	DURATION
Cardiac Dilatation	7 days
Due to Hypertension	Unknown
Due to Diabetes	Unknown
Other conditions	
260 61	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE H. E. Adele M.D. M. D. or other
Address Hancock Md Date signed 11-19-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

11141

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 8 E. Washington St

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WASHINGTON (Last) MORIN

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 22, 1890

9. AGE last birthday: 59 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Fairplay Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Morin

14. MOTHER'S MAIDEN NAME: Laura Amay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth P. Morin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 30 days

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Dropped dead (CITY OR TOWN) Hagerstown, Md. (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Dropped dead in parking lot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED Nov. 25 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 11/26/49; NAME OF CEMETERY OR CREMATORY Bakersville Cemetery; LOCATION (City, town, or county) Bakersville (State) Md.

DATE REC'D BY LOCAL REG. Nov. 25. 1949; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman; ADDRESS Hagerstown Md.

RECEIVED
NOV 28 1949
BUREAU V. S.

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11142

Reg. Dist. No. 302

FILM No. 6 123 DEC 29 1949

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 11 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 823 West Franklin St.,
STREET ADDRESS (If rural give location) Hagerstown

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) A. (Last) Naill

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov.8,1860

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JohnJackson Murray

14. MOTHER'S MAIDEN NAME: Nancy Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Margaret Rowland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Paresley acute Myocarditis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of hip.	11 wks
	(c)	

904.0 (Col)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Hagerstown (COUNTY) (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9/14/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall at home (12/28/49 a.s.)

22. I hereby certify that I attended the deceased from 9/15, 19—, to 11/28, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at Nov. 28 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Mayman M.D ADDRESS: Hagerstown Md DATE SIGNED: Nov. 29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 1. 1949
NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery
LOCATION (City, town, or county) (State): New Windsor, Maryland

DATE REC'D BY LOCAL REG.: Nov. 30. 1949
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Adrian H. Rowland; Clear Spring, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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DEC 2 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11143

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg — LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Main st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg Washington mld
STREET ADDRESS (If rural give location) North Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Dey)	(Year)
Clarence	—	Bosford	Nov.	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthdey	If under 1 yeer: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	April-22-1861	88 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeping	House Keeping	Smithsburg Washington Co md	Washington

13. FATHER'S NAME: George Breitweiser

14. MOTHER'S MAIDEN NAME: Eva Breitweiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	none	mrs Ruth Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 **Immediate cause** (a) Hypostatic Pneumonia — 3 days

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Cirlosis - S Clerosis — 6 yr

(c) General Pit Cirlosis - Sclerosis — 15 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1 1949, to Nov 8, 1949, that I last saw the deceased alive on Nov 8, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. G Kohler	MD	Smithsburg	11/8/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 10th 1949	Smithsburg Washington Co	Smithsburg	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 9-49	Geo. H Ferguson	Geo. B. Hoover	Smithsburg md

VS. A15

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NOV 11 1949
BUREAU V. S.

11144

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro — LENGTH OF STAY (in this place): 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
STREET ADDRESS (If rural, give location): N. Main St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Randolph (Last) Nunamaker
4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 21 - 1861
9. AGE last birthday: 88-7-15 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miller
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Beaver Creek Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Reason Nunamaker
14. MOTHER'S MAIDEN NAME: Elizabeth Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Evan B. Smith Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

456 Immediate cause (a) Chronic Myocarditis — 5 y

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Endarteritis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Nov. 6, 1949, that I last saw the deceased alive on Nov. 6, 1949, and that death occurred at 12 - noon m., from the causes and on the date stated above.

SIGNATURE: G W Selby (Degree or title) M.D. — ADDRESS: Boonsboro — DATE SIGNED: 11/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 8. 1949 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Keedysville Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 8. 1949 — REGISTRAR'S SIGNATURE: John H. Bast — 24. FUNERAL DIRECTOR: Wm. F. Bast & Sons — ADDRESS: Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 11 1949
BUREAU V. S.

11145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Memorial Home	STREET ADDRESS (If rural, give location): 1208 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print)	(First) Clara	(Middle) May	(Last) Owen	4. DATE OF DEATH	(Month) Nov.	(Day) 15	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 4-28-1872	9. AGE last birthday: 77 yrs.	If under 1 year: Months 8	Days 18	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Jacob Monath	14. MOTHER'S MAIDEN NAME: Drusilla Keplinger						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT AND ADDRESS: Mrs. W. O. Nicklas					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Sclerosis	1 yr.
450.0 Antecedent cause(s)	(b) Generalized Arteriosclerosis	3 yrs
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1947, to Nov 15, 1949, that I last saw the deceased alive on Nov 15, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. L. Porterfield	M.D.	136 W Washington St	11/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11-18-49	NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: Nov. 16. 1949	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11146

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Washington
City or town: Brownsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Miron Lemon Parsons

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Sadie Conard
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 13. 1874

8. AGE:

Years	Months	Days	If less than one day
75	8	26	..... hrs. ..... min.

9. Birthplace: Glengary, Berkely, W Va
(Town, county, and state)
10. Usual occupation: Gardener
11. Industry or business
FATHER 12. Name: Tuscan Parsons.
13. Birthplace: W. Va
MOTHER 14. Maiden name: Esther Smith
15. Birthplace: W. Va
16. Informant: Mrs. M. L. Parsons.
Address: Brownsville. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Central Nov. 12. 1949
Location: Gaylotown. W. Va
18. Funeral director: Howard K. Brown
Address: Martinsburg, W Va
19. 11/11/49 (Date rec'd by registrar) Cornelius W. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 19 49, at 7.40 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1947 19 ..... to Nov. 9 19 49
and that I last saw h alive on ..... 19 .....

	DURATION
Immediate cause of death: Pneumonia	3 Months
Due to: Cardio Vascular Renal disease	5 years.
Due to: 442 61	
Other conditions: Diabetes Mellitus	10 years.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Walter H. Sheely M.D. M. D. or other
Address: Shepherdstown, Md. Date signed: 11/9/49.

RECEIVED
NOV 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11147

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 923 West Washington Street

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) Rebecca (Last) Payne
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-5-1906
9. AGE last birthday: 43 yrs. | If under 1 year: Months 9, Days 8 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Curvin Bott
14. MOTHER'S MAIDEN NAME: Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Arthur Payne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 1 hour

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive cardiovascular disease — 7 yrs ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1949, to 11-13, 1949, that I last saw the deceased alive on 7-6, 1949, and that death occurred at 10.40 p.m., from the causes and on the date stated above.

SIGNATURE: John St Hornbaker, M.D. (Degree or title) ADDRESS: 154 W. Washington St. Hagerstown, Md. DATE SIGNED: 11-15-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 11-16-49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE RECD BY LOCAL REG.: NOV 16 1949 | REGISTRAR'S SIGNATURE: Blank Howard

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

VS-A15

RECEIVED
NOV 18 1949
BUREAU, N. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall (Rural)
LENGTH OF STAY (in this place) 55 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall (Rural)
STREET ADDRESS (If rural, give location) Boonsboro Md. R.2.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) V. (Last) Poffenberger

4. DATE OF DEATH: (Month) November (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 8 1870

9. AGE last birthday: 79 yrs. 5 Months. 18 Days — If under 1 year: Hours — If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): Frederick County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlton Youmkins

14. MOTHER'S MAIDEN NAME: Margaret Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Clarence A. Poffenberger Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Suddenly

420.1

Antecedent cause(s)

940a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 16., 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov 16 1949, and that death occurred at 9.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J E Harp — ADDRESS Middletown — DATE SIGNED 11-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 29. 1949 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery — LOCATION (City, town, or county) (State): Boonsboro Washington Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 28/49 — REGISTRAR'S SIGNATURE: Miss Katherine Dagenhart — 24. FUNERAL DIRECTOR: C. W. & J. Bart & Sons — ADDRESS: Boonsboro Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 29 1949
BUREAU V. S.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11149

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 125 East Franklin St.,

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 125 East Franklin St.,

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) E. (Last) Powell
4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 49
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov.25,1893
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Alexander H. Knight
14. MOTHER'S MAIDEN NAME: May Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Albert D. Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Carcinoma left breast — 3 6½ mo

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/7/46
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left breast with axillary metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1946, to 11/7, 1949, that I last saw the deceased alive on 5/5, 1949, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE: Benjamin Wrotkin (Degree or title) M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED: 11/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 9, 1949 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Nov. 8, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR: Fred W. Kraiss, Hagerstown, Md. — ADDRESS

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11150

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 70 West Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 70 West Franklin St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Pryor

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 12-4-1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 10 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Pryor

14. MOTHER'S MAIDEN NAME: Mary Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-10-3062

17. INFORMANT: Mrs. William Musey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Chr. Myocarditis

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells (Degree or title) M.D. ADDRESS: DEPUTY MEDICAL EXAM. WASH. CO. MD. Hagerstown, Md. DATE SIGNED: Nov. 2 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-4-1949

NAME OF CEMETERY OR CREMATORY: Burn Hill Cemetery

LOCATION (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REG.: Nov. 2, 1949

REGISTRAR'S SIGNATURE: Elbert H. Bowers

24. FUNERAL DIRECTOR AND ADDRESS: Grove Funeral Home, Waynesboro, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

11151

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Mase. | LENGTH OF STAY (in this place) 10 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Talbrun Memorial Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Row

4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 6. 1875

9. AGE last birthday: 74-0-1 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Hagerstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Row.

14. MOTHER'S MAIDEN NAME: Katherine Roons.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Records of Talbrun Memorial Home San Mase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis —	5 yr.
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic ulcers —	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1949, to Nov. 7, 1949, that I last saw the deceased alive on Nov 5, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. W. Wilson (Degree or title) M. D. ADDRESS Boonsboro, DATE SIGNED 11/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE Nov. 9, 1949 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. Nov. 9. 1949 | REGISTRAR'S SIGNATURE John D. Bast

24. FUNERAL DIRECTOR C. D. Bast & Son ADDRESS Boonsboro Md.

RECEIVED
NOV 11 1949
BUREAU V. S.

11152

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural give location) 550 Summit Ave/

3. NAME OF DECEASED (Type or Print) (First) John	(Middle) Walter	(Last) Rowe	4. DATE OF DEATH (Month) Nov	(Day) 29	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6/1893	9. AGE last birthday 56 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or foreign country) Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George W. Rowe		14. MOTHER'S MAIDEN NAME Lillie Munday			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Eva C. Rowe			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Peritonitis	11/29/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mesenteric Thrombosis	11/28/49.
	(c) Hypertensive Cardio-vascular disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old Coronary Thrombosis Diabetes Mellitus	12/12/48

443
61

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1948, to Nov. 29, 1949, that I last saw the deceased alive on Nov. 29, 1949 and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney Naversteen	MD	Funkstown Md	11/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 1/49	NAME OF CEMETERY OR CREMATORY Mt. View Cemetery	LOCATION (City, town, or county) (State) Sharpsburg, Md.
DATE REC'D BY LOCAL REG. Nov. 30, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11153

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN In Hagerstown
STREET ADDRESS (If rural, give location) Jefferson St. Ext.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Peter (Last) Schamel

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George C. Schamel

14. MOTHER'S MAIDEN NAME: Molly J. Cushen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. ---

17. INFORMANT: Mrs. Maud A. Schamel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Generalized.	yrs.
260 61	(c) Diabetes Mellitus	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1948, to Nov. 19, 1949, that I last saw the deceased alive on Nov. 19, 1949 and that death occurred at 5:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas A. Hoffman M.D. 214 N. Potomac St. Hagerstown Maryland 11/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 22, 1949 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Nov. 21, 1949 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

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NOV 23 1949
AEC, V. S.

Dr. Hoffman

11154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown · LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital	STREET ADDRESS (If rural give location): 43 Mealey Parkway

3. NAME OF DECEASED (Type or Print)	(First) MAMIE	(Middle) HUDDLE	(Last) SEAL	4. DATE OF DEATH	(Month) Nov.	(Day) 28	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Oct. 11, 1882	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Elkton Va.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Joseph C. Huddle	14. MOTHER'S MAIDEN NAME: Curilla A. Dearing						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No · (If yes, give war or dates of service) ------	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs William C. Diehl					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	14 hours.
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Diabetes Mellitus	years.
61	(c)	Arterio sclerosis	years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11/12, 1949, to 11/28, 1949, that I last saw the deceased alive on 11/28, 1949, and that death occurred at 9:27 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Floyd A. Hoffman	M.D.	214 N. Potomac St. Hagerstown Md.	11/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 11/30/49	NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery	LOCATION (City, town, or county): Hagerstown	(State): Md.
DATE REC'D BY LOCAL REG.: Nov. 30, 1949	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Andrew K. Coffman	ADDRESS: Hagerstown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1943
BUREAU V. S.

11155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 Liberty Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 322 Liberty Street

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) T. (Last) Semler

4. DATE OF DEATH (Month) Nov. (Day) 21, (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov. 3, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad worker
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Crist Semler
14. MOTHER'S MAIDEN NAME Lula Louise Ridenour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Irene Koontz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular Disease with
420.0 Antecedent cause(s) Hypertension & arteriosclerotic Heart
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease
(c)

INTERVAL BETWEEN ONSET AND DEATH 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 15, 1941, to Nov. 21, 1949, that I last saw the deceased alive on Nov. 20, 1949, and that death occurred at 12 45 p m., from the causes and on the date stated above.

SIGNATURE B B Kneisley MD (Degree or title) ADDRESS 148 W. Washington St. Hagerstown, Md DATE SIGNED 11-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 25, 49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 22, 1949
REGISTRAR'S SIGNATURE Chas H. Towers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 24 1949
BUREAU OF

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown R#2	STREET ADDRESS (If rural give location) Hagerstown R#2 Greencastle Pike

3. NAME OF DECEASED (Type or Print)	(First) HARVEY	(Middle) NMI	(Last) SEVILLE	4. DATE OF DEATH	(Month) November (Day) 20 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 1/8/84	9. AGE last birthday 65 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Kaiserville Penna.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Arthur Seville	14. MOTHER'S MAIDEN NAME Mary Winters				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. None	17. INFORMANT Richard Seville			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) acute cerebral hemorrhage	1hr
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular hypertensive heart disease cerebral hemorrhage (hemiplegia)	? 1½ yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from sudden death at home, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at about 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S Rohr & Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	Hagerstown, Md.	Nov. 22. 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/49	Dunkard Cemetery	Broadfording Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 23, 1949	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 24 1949
BUREAU P. R.

Evidence for change of birth date shown on:

11157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 122 NOV 25 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearspring — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearspring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montpelier Farm	STREET ADDRESS (If rural give location): Montpelier Farm

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	SUSAN	HOFFMAN	SIEBERT		11	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Aug. 8, 1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Thomas, W.Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. Olin H. Hoffman	Minnie C. Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Allen B. Siebert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis, generalized	unknown
170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, breast, bilateral	18 mos.
50	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/9/48	Carcinoma of breast, bilateral	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 26, 1948 to Nov 14, 1949, that I last saw the deceased alive on Nov. 13, 1949, and that death occurred at 1:15 am m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emile Robert Cohen	M.D.	Clear Spring, Maryland	11/14/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/16/49	Druid Ridge Cemetery	Baltimore, Baltimore Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15 '49	Joseph W. Murray Local Reg.	Andrew K. Coffman	Hagerstown Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. CO. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: PENNA. — COUNTY: FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MERCERSBURG
STREET ADDRESS (If rural give location): R.2

3. NAME OF DECEASED (Type or Print) (First): ANNABELLE (Middle): B. (Last): SNYDER
4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1949
5. SEX: FEM
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9/18/1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mercersburg, Pa. R.2
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John T. Bricker
14. MOTHER'S MAIDEN NAME: Laura Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John T. Snyder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arterial obstruction left leg c̄ gangrene — 1 wk.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31, 1949, to 11-5, 1949, that I last saw the deceased alive on 11/5, 1949, and that death occurred at 6 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John H Stoner Baker, M.D. 154 W. Washington St. Hagerstown, Md 11/6/49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 11/8/49 — NAME OF CEMETERY OR CREMATORY: Fairview Cem. — LOCATION (City, town, or county) (State): Mercersburg, Pa.
DATE REC'D BY LOCAL REG.: Nov. 6 1949 — REGISTRAR'S SIGNATURE: Chas H. Lowers
24. FUNERAL DIRECTOR: F.M. Lininger, Mercersburg, Pa — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11159

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport RFD
LENGTH OF STAY (in this place) Years 66
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greencastle Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. RFD
STREET ADDRESS (If rural, give location) Greencastle Pike

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) Keller (Last) Snyder
4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 21 1883
9. AGE last birthday 66 yrs. If under 1 year Months 6 Days 17 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Tannery
10b. KIND OF BUSINESS OR INDUSTRY Tannery
11. BIRTHPLACE (State or foreign country) Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chrestopher Snyder
14. MOTHER'S MAIDEN NAME Susan Conner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 215-01-9844
17. INFORMANT Mrs. Dorothy G. Snyder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary infarction of Myocardium	4 days
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None known.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1949, to Nov. 8, 1949, that I last saw the deceased alive on Nov. 7, 1949, and that death occurred at 9 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Williamsport Md 11/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 11-1949
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.
DATE REC'D BY LOCAL REG. Nov 11-49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

NOV 10 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11160

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 895 West Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 895 West Washington St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maude	Blanche	Staubs	Nov.	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar. 23, 1880	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Sprecher	Catherine Zentmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	None	Samuel H. Staubs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447 Immediate cause (a) Bronchopneumonia — 5 days

83d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia — 7 years

(c) Hypertension & Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-8-, 1949, to 11-9-, 1949, that I last saw the deceased alive on 11-7-, 1949, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE L. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED November 10, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 12, 1949	St. Paul's Cemetery	Washington County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 11, 1949	Chas. H. Bowers	F. W. Kraiss; Hagerstown, Md.

RECEIVED
OCT 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11161

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 20 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 East Irvin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 42 East Irvin Ave

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) GERTRUDE (Last) TENNEY

4. DATE OF DEATH: (Month) (Day) (Year) Nov 24 1949 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 26 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Edgemont Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry M. Stouffer

14. MOTHER'S MAIDEN NAME: Margaret Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Robert H. Tenney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular Disease.	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	2 yrs
260 61	(c) Arthritis of Spine	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21-, 1932, to Nov. 24, 1949, that I last saw the deceased alive on Nov. 24, 1949, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Howard Yeager M.D. Hagerstown, Md. Nov 25 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 9/26/49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Nov 25 1949

REGISTRAR'S SIGNATURE: Elsie H. Lowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

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NOV 28 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

11162

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH · COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 7 months 20 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) 134 Bond Street

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) A. (Last) Weber
4. DATE OF DEATH (Month) Nov. (Day) 10 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 31, 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bel Air, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Kennedy
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260	Immediate cause	(a) Cirrhosis of Liver	?
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	?
		(c) arterio-sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis (gall stone) ?

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 21, 1949, to Nov. 10, 1949, that I last saw the deceased alive on Nov. 10, 1949, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED Nov. 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 13/49
NAME OF CEMETERY OR CREMATORY Center M.E.
LOCATION (City, town, or county) Forest Hill Harford Co (State) Md

DATE REC'D BY LOCAL REG. 11/14/49
REGISTRAR'S SIGNATURE John P. Goodman
24. FUNERAL DIRECTOR J. S. T. Foster ADDRESS Belair Md

Dep Local Regr

OCT 15 1949
BUREAU U. S.

11163

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg — LENGTH OF STAY (in this place) 75 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Virginia	(Middle) E.	(Last) Wright	4. DATE OF DEATH	(Month) Nov.	(Day) 30	(Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov.10,1856	9. AGE last birthday 93 yrs.	If under 1 year Months 0	Days 20	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid	10b. KIND OF BUSINESS OR INDUSTRY In Homes	11. BIRTHPLACE (State or foreign country) Richmond, Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Wilson Middleton	14. MOTHER'S MAIDEN NAME Maria (maiden name not known)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Mr. William H. Howard					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	5 yrs
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest	(b)	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Nov. 30, 1949, that I last saw the deceased alive on Nov. 30, 1949, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. W. LeVay	M.D.	Boonsboro,	12/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec.3,1949	NAME OF CEMETERY OR CREMATORY Tolson Cemetery	LOCATION (City, town, or county) (State) Sharpsburg, Maryland
DATE REC'D BY LOCAL REG. 12-3-49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Edith V. Leaf; Williamsport, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11164

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg Md #2
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Smithsburg Md #2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	William	Young	Nov.	16,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	M.	Aug. 14 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machinist		Marsh District	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah S. Young	Barbara Clopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs. Cora Young, Smithsburg Md #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	7 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio sclerosis	?
331 83a	(c) with marked hypertension.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 3, 1949, to Nov. 16, 1949, that I last saw the deceased alive on Nov-15, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter L. Wisland	M. D.	15 W Main Waynesboro Penna	Nov-16-'49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/18/49	Green Hill	Waynesboro Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/18/49	Geo W Ferguson	Walter J. Grove,	Waynesboro Pa.

VS. A15

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NOV 23 1949
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